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# DEPARTMENT OF PUBLIC HEALTH NURSING

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## MENTAL HYGIENE AND MUSTARD PLASTERS

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SOMETIMES one is helped in knowing what a thing is by knowing what it is not. As there are quite a few misconceptions about the term *mental hygiene*, it might be well, therefore, to point out some of the things it is not. Of course, *mental hygiene*, like anything else, is whatever anybody chooses to call it; no one can insist arbitrarily upon any particular definition of the term. Nevertheless, the psychiatrists who give most thought to this problem of public health use the term in a particularized sense and their conception of the term and the problem it represents is probably the safe one to follow.

While the problem represented by mental hygiene is an old one the term itself is comparatively new. The words *mental hygiene* were, so far as we know, first used in the title of a book in 1843 when William Sweetser published *Mental Hygiene: or an Examination of the Intellect and Passions*. Isaac Ray used it again in 1863 (*Mental Hygiene*), and D. A. Gorton in 1873 (*Essay on the Principles of Mental Hygiene*). It first came into use as a term in organized public health in 1909 with the organization of the National Committee for Mental Hygiene.

But there have been many changes in the conception of mental health since 1843; there were changes from 1843 to 1863, and very great changes from Gorton (1873) to White's *Principles of Mental Hygiene* (1917). There have been changes from 1909 to the present time—all of these changes representing a growth in our knowledge of the nature of nervous and mental disease and its significance, both personal and social. The term *mental hygiene*, therefore, has grown with the progressive development of the science of psychopathology and the art of psychiatry. Both psychopathology and psychiatry are dynamic, constantly changing and moving forward with the development of new knowledge; and mental hygiene, which represents these in the public health field must perforce keep moving forward with them. It likewise must be dynamic, changing its conceptions with each addition of new knowledge. To become static and fixed would end its usefulness.

And yet this is just where the trouble comes in. It is much more comfortable to be fixed and settled; and most people like above all

things to be comfortable. So it happens that a good many people have settled themselves down at some phase in the progressive development of mental hygiene unaware apparently that although they are modishly dressed in matters of antisepsis and vaccines and sera and infections they are in the bustle stage, so far as mental hygiene is concerned, or probably they may be even wearing the powdered wigs and breeches of the 18th century or, mayhap, waving veils in a Greek dance. Briefly, then, what are some of the things mental hygiene is not, what are the wigs and bustles?

*A sound mind in a sound body.* Mental hygiene is not alone physical hygiene. No one would urge any less attention to physical hygiene—but a sound body does not assure a sound mind; nor does an unsound body mean an unsound mind. True, also, that our physical condition bears some relation to our mental state (particularly if we include, as we should, some of the less obvious things such as the endocrines) but it does not follow that a physical condition raised to the nth power will raise one's mental stature. You being a nurse and I being a physician and both of us calling too much on our physical reserve and not, therefore, being in the best of physical condition would probably have a mental machine that ran with a little less friction if we attended a little more to our physical condition. And there are a good many in the world like us. But we should not generalize from that. This barely touches the fringe of our mental life and health and by no means comprehends the fundamentals of mental hygiene. And yet many have not yet passed this stage in their conceptions.

*Why worry? Pollyanna. Smile.* This is a sort of mustard plaster and hot water-bottle stage. Now mustard plasters and hot water-bottles have still their use in medicine and nursing. But they are no longer used blindly but with knowledge and for a reasoned purpose. If a friend suddenly developed a pain in the lower right abdomen one would not try to "jolly" him about it, to sing to him, take him to the theater to "divert" him, smile at him and tell him to smile back, or send him to Florida for the winter. One would probably make him comfortable in bed, give him an ice-bag and send for a physician. Worry and depression, like pain, are symptoms. Like all symptoms they have their cause and are only adequately removed when the cause is found and attended to. Now some of the causes are simple. Our friend may not have appendicitis. He may have eaten injudiciously. But it is well to know that fact. The cause for worry and depression may be quite conscious and apparent and "get-at-able." If so, the thing to do is to get at it—not to try to deceive oneself about it. Smiling and pretending do not solve the problem

and until the problem is solved how bootless to talk about not worrying.

The causes of some worries and depressions are not so obvious. I saw recently in consultation a university student who had had a brilliant record but who had recently become "worried" and depressed until work was impossible. It was all due, he said, to an overpowering fear that he would not be able to sleep. Should one have laughed him out of this; shown him how ridiculous it was; told him that under observation he was sleeping seven hours a night (he knew this and believed it); cheered him up; sent him home to "rest"? These are the things that are frequently done. Obviously the worry and depression were not over a fear that he could not sleep, although the boy was honest in giving this as the cause—it was as near to it as he could come. But the problem was to find for what fear this fear was a surrogate. It happened not to be a very difficult thing to do in his case; the cause of the trouble was found and the boy has now regained his place in his class.

Of course, this making "glad games" of problems, of pretending and smiling is on the assumption that worries and depressions and other symptoms of nervous and mental difficulty are all imaginary, while the actual fact is that most "nervous" persons have too little rather than too much imagination. Imagination is a very rare quality in human make-up and the world suffers sadly from the lack. Nervous difficulties are quite real difficulties and have very real causes. Pretending about their symptoms gets us nowhere.

From the scores and scores of books of the "don't worry" type issued annually, and evidently sold, the general level of popular knowledge on the subject of mental hygiene is about at this point.

*Intelligence.* More recently there has been a great deal of interest in the measuring of intelligence. By means of standardized tests it is possible to determine what an individual's intellectual potentialities may be. This is an important step forward. The development of the psychological tests of intellectual ability are as important in education as some of the epoch-making discoveries have been in the field of medicine. We have always known that there were "fools," "dullards," and "slow-wits" as well as "geniuses" in the world; but except to complain of the dullards and envy the geniuses we have never done very much about it. It has been obvious for some time that not all children, for example, did equally well in a formalized school curriculum. The product that has been turned out by the schools has been very uneven. It has been our tendency to assume that the method of education was all right and to blame the individual for not taking advantage of his opportunity. That he didn't we have been

inclined to lay to his "laziness," lack of "interest" and more or less general "cussedness." The psychologists are showing us, however, that we are not all born with equal intellectual endowment; that there are grades of intellectual ability; that one's potential intellectual ability is pretty much a fixed thing—that with proper methods it can be developed to its full extent, but not past that point; that educational methods cannot be made along the lines of an arbitrary standard but must be flexible to accommodate the various grades of ability.

In their proper field it is difficult to overestimate the importance of the psychological tests of intelligence—when properly standardized tests are used by properly trained individuals; but there is a tendency to much overrate the significance of these tests so far as life itself and conduct are concerned. There are those apparently who would give a boy or girl with a high I. Q. (intelligence quotient: the relation between the individual's actual age and his intellectual age) a certificate for worldly success, if not for Heaven. Those with high I. Q.'s are said to be the "future leaders of the world." Some of them, no doubt, are, but as a general statement one may surely question it. One wonders where those of the last generation are who had high I. Q.'s—are they the present "leaders of the world"?

Ability to get on in life is certainly not wholly dependent upon intellect. Past a certain point one questions how much intellect has to do with it. The difficulties that you and I have with our jobs is probably not due to the fact that we haven't sufficient intellect with which to manage the jobs; there would seem to be other factors involved. It is one thing to have potential ability and quite another to be able to use it. There are a number of handicaps that may impede the progress of the lad with a high I. Q. As a matter of fact there is very likely to be associated with a high I. Q. a number of elements that are pretty sure to be handicaps for the individual. The converse is equally true. A low I. Q. is not a warranty of failure. The intellectual heights to which such an individual will climb are certainly limited, but there are frequently in the personality make-up of such an individual elements that compensate for his lower intellectual ability and carry him towards a successful citizenship and the general "rewards" of this life as they are now usually conceived.

In our generation the "good" boy and the boy who was "good to his mother" were looked upon with great favor. We still believe in boys being, well, at least reasonably good, and in boys being good to their mothers, but our knowledge of the "good boy" is considerably greater than it was, so that his station is no longer considered unimpeachable. Just now the boy with the high I. Q. is extolled. But as we learn more of this boy I am inclined to think that he will

eventually take his place in relative importance to the rest of things with the "good boy" of our generation. The intelligence test is an important element in a modern conception of mental hygiene, but the whole of mental hygiene cannot be expressed in its terms.

*Mental hygiene—behavior.* Mental hygiene is interested in behavior. It is interested in your behavior and mine, in the behavior of the individual with a neurosis, in the behavior of a patient with a psychosis. It is interested in the behavior of the child at school (with low or high I. Q.) particularly if the child is failing; in the truant, the juvenile delinquent, the first offender and the individual who, mayhap, is serving his third or fourth term in a correctional institution. It is interested in your fear of a mouse, although that may not be socially important, and the paralyzing fear of the one who dares not cross a street or ride in a subway, and the fear of the patient at the content of his hallucinations. It is not alone interested in describing symptoms nor merely in the alleviating of symptoms except insofar as both these may be steps in coming at the fundamental source of the difficulty. It is interested in the physical, intellectual, emotional and social factors that tend to determine conduct and particularly those factors that may have much to do with the determination of conduct without the individual being aware of them.

One is not just "good" or "bad" or "happy" or "sad" or "successful" or "unsuccessful," "efficient" or "inefficient" and "that is an end on it." Such an attitude wears a bustle and rides in a horse car. Internal medicine, physiology, psychology, neuropathology and psychopathology are drawing in on this problem of success or failure and mental hygiene attempts to assemble the material that comes from these various fields of investigation to synthesize it and to make it socially useful by putting it to work. As in all other fields of health there is much that we do not know; there is much that we are rapidly coming to know, but about which we must reserve judgment for the present until it can be further studied, checked and rechecked; there is a very great deal that we do know that is both individually and socially useful. It is this knowledge that mental hygiene would put to work both that nervous and mental illness may be prevented (fifty per cent of the patients in hospitals for mental disease need never have come there had their difficulties been recognized for what they were and been properly handled in the beginning) and that all of us may live fuller and happier lives because of a better understanding of those forces within our control—through knowledge, not "will"—that tend to upset and disturb us. There is no "royal road" to this knowledge—"eat an apple a day and keep the doctor away"—but any intelligent person who chooses may gain it.